

Vonda M. Wallace  
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  FILING DATE   
APPLICANT(S) **09/830300**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	<i>1</i>					
TOTAL DEP.	<i>1</i>					
TOTAL CLAIMS	<i>1</i>					

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